Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgement before publication.

Physician Awareness of Developmental Disabilities

TO THE EDITOR: I wish to express my enthusiastic support for the June 1986 article entitled "Current Issues In Developmental Disabilities."[1] I have a great interest in the particular families who are dealing with such disability. In the little city of Las Cruces, New Mexico, (60,000 people) we have at least 6,000 of these families, which would fit with the national statistics of 10% of the population being disabled. Your article on developmental disabilities, therefore, shows just the tip of the iceberg. There are many other disabilities with which we as physicians feel equally frustrated, unfamiliar with the causes and nature of the disabilities and the problems entailed.

I really believe that as more articles like the one in the June issue reach our awareness, there will be a push for continuing medical education and medical school training to begin to deal with these people and with the issues that they face daily and to help us be a little more responsible in our dealing with them. Again sincere thanks for bringing this article to the physicians of the west and southwest.

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Tetracycline-Resistant *Neisseria gonorrhoeae*

TO THE EDITOR: We would like to report isolation of two strains of plasmid-mediated tetracycline-resistant *Neisseria gonorrhoeae* in the state of California.

Two patients presented for treatment of dysuria and urethral discharge at the Naval Hospital, San Diego. The illnesses were locally acquired within San Diego County, and no epidemiologic links between the two cases were found. Both patients were treated with aqueous penicillin injection, 4.8 million U (APPG).

Disc sensitivity testing to penicillin and tetracycline were performed at the Naval Hospital using the modified Kirby-Bauer method.[1] Both isolates were found to be resistant to tetracycline and sensitive to penicillin. Further testing at the Centers for Disease Control (CDC) using the agar dilution method[2] of determining minimum inhibitory concentrations (MIC) confirmed these results, with the MIC to tetracycline being 32 μg per ml. Both organisms contained 2.6 and 25.2 megadalton plasmids, similar to organisms with plasmid-mediated high level tetracycline resistance that have been recently described.[3,4]

In the United States, tetracycline resistance in *N gonorrhoeae* has been usually chromosomal mediated and has frequently been associated with chromosomally-mediated resistance to penicillin,[5] and with penicillin resistance due to β-lactamase production.[6] The first reports of high-level tetracycline resistance in *N gonorrhoeae* were published in September 1985. To date there have been 79 isolates confirmed by CDC and unconfirmed reports of others. Although the patients in this report were treated with penicillin, to which these strains are susceptible, and were presumably cured, the appearence of these isolates in California is evidence of the rapid nationwide spread of this organism. We wish to reemphasize the CDC recommendations published in the 1985 *STD Treatment Guidelines*[7] that tetracycline alone should not be used as therapy for gonorrhea.

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2. Biddle JW, Swanson JM, Thornsberry C: Disc agar diffusion tests with beta-lactamase producing *Neisseria gonorrhoeae*. J Antibiotics 1978; 31:352-358

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4. Knapp JS, Zenilman JM, et al: Distribution of Tetracycline-resistant *Neisseria gonorrhoeae* in the United States. Manuscript in preparation

5. Faruk A, Kohmescher RN, McKinney P, et al: A community based outbreak of infection with penicillin resistant *Neisseria gonorrhoeae* not producing penicillinase (chromosomally mediated resistance). N Engl J Med 1985; 313:607-611

6. Jaffe HW, Biddle JW, Johnson SR, et al: Infection due to penicillinase-producing *Neisseria gonorrhoeae* in the United States—1976-1980. J Infect Dis 1981; 144:191-197

7. CDC: 1985 Sexually Transmitted Disease Treatment Guidelines. MMWR 1985; 34 (Suppl):75s-108s